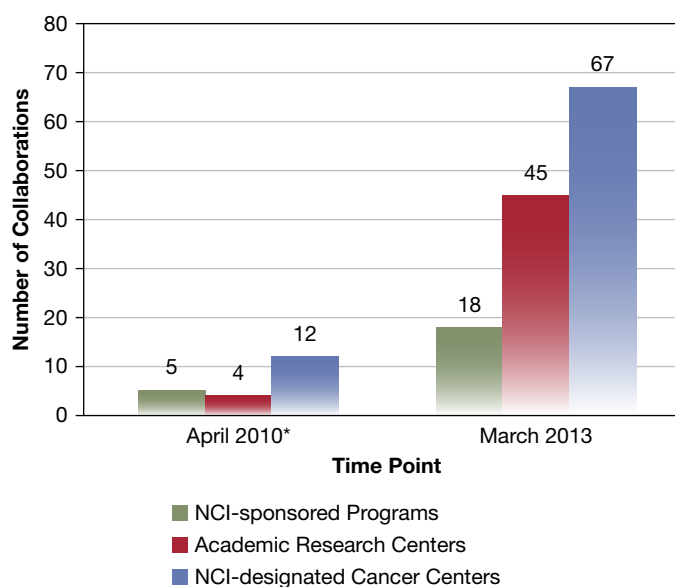**Introduction**

Advancing Network Initiatives
Increasing Capabilities and Collaborations

The National Cancer Institute Community Cancer Centers Program (NCCCP) entered its seventh year in 2013 and the network of 21 community hospitals continued to address the program's overarching objectives to enhance patient access to high-quality cancer care and to expand research in the community setting. The NCCCP hospitals are making progress in their efforts to achieve program goals (i.e., reduce cancer healthcare disparities, increase clinical trial participation, improve quality of care, enhance survivorship and palliative care programs, support information technology needs, and expand biospecimen collection initiatives) through research partnerships and the maturation of the network's learning collaborative.

To help build a community-based research platform, the NCCCP has promoted research collaborations as part of the program deliverables. The NCCCP hospitals have demonstrated significant progress by forming new research relationships with National Cancer Institute (NCI)-designated cancer centers, academic research institutions, and other NCI-sponsored programs (see Figure 1). In addition to maintaining the overall number of collaborations across the network, the number of sites with two or more collaborations in each partner type increased. All 21 sites now partner with at least one NCI-designated cancer center (see Figure 2), most sites have a collaboration with at least one academic research center, and more than half are also collaborating with at least one NCI-sponsored program such as The Cancer Genome Atlas (TCGA) and Community Networks Program (CNP) centers. A study to assess research collaborations for all NCCCP sites from July 2007 through June 2012 recently concluded and a report to summarize the collaborations and partner types, by network cohort, will be finalized later this year.

Figure 1. Progress on Research Collaborations for 21 NCCCP Sites

All data is self-reported by the NCCCP sites
*Data collected retrospectively

The 2013 NCCCP Progress Report highlights activities conducted by the network subcommittee pillars over the past year and describes how many of the initiatives implemented in earlier stages of the program have matured and contributed to progress made toward NCCCP goals.

Figure 2. Examples of Research Collaborations between NCI-designated Cancer Centers and NCCCP Sites

NCI-designated Cancer Center	Collaboration Purpose	Collaboration Benefit
Dana-Farber/Harvard Cancer Center Boston	Clinical research intervention study to determine the effect of an education and support program, and to address gaps in care of young women with breast cancer.	Eight NCCCP sites—**Billings Clinic, CHI-Penrose St. Francis, Einstein Healthcare Network, Gundersen Lutheran, Northside Hospital, Norton Suburban, and Our Lady of the Lake**—are supporting this research study. Through the process, clinicians and researchers are optimistic that this work may help develop more effective, personalized care, guiding more young women with breast cancer through the challenges of diagnosis, treatment, and long-term survivorship.
The Wistar Institute Philadelphia	Acquisition and experimental use of ovarian cancer tissue, ascites, plasma, and serum	**Christiana Care's** clinical physicians participate in translational research, providing Wistar with access to patients, clinical information, and biospecimens.
	Translational research, melanoma pathway study	**Lehigh Valley Health Network** is collecting melanoma tissue for Wistar's study of patients with BRAF gene mutation, and is also actively participating in a phase 2 melanoma trial due to their evolving infrastructure and expertise.
University of Colorado Cancer Center Aurora	Recruitment to clinical trials	Patients from **Billings Clinic** have access to early-phase clinical trials; The Billings-UCCC collaboration has led to a closer partnership in research and support services.

Disparities

Disparities-focused Program Efforts: Maturation toward Evidence-based Practices

Very few examples of evidence-based practices[1] to address cancer healthcare disparities were in place at the participating sites when the NCCCP launched in 2007. As the program matured and with increased emphasis on more focused approaches, by 2013 all sites implemented at least one disparities-focused, evidence-based practice (EBP) relevant to specific racial, ethnic and underserved populations including under- and uninsured patients.

The use of disparities-focused EBPs is common in academic settings yet not typically a component of community hospital programs; adapting such approaches to community healthcare practice patterns requires time, resources, and new strategies. The ability of the NCCCP sites to successfully implement EBPs can most likely be attributed to the commitment of the sites, their leadership, and the role of the network as a learning collaborative. While all of the NCCCP sites already had basic infrastructures and community outreach programs in place to serve their disparate populations when they joined the network, program participation required an integrated approach to addressing cancer disparities. The NCCCP provided the framework to systematically build capacity through education, data sharing, and focused project planning. As described below, the NCCCP sites worked to increase community partnerships and formalize relationships with research organizations, share best practices, and prioritize work plans using a Disparities Dashboard – ultimately leading to their ability to implement specific interventions.

Building Capacity

From the beginning of the program, the NCI and the NCCCP sites worked together to advance the NCCCP's goal of reducing cancer healthcare disparities. Allocating 40 percent of program funding to disparities helped provide the hospitals with resources needed to support infrastructure development. The NCCCP required metrics to track progress, partnerships with

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[1] Programs and/or practices that have demonstrated effectiveness based on different levels of scientific research and evaluation. (National Cancer Institute, *Using What Works: Adapting Evidence-based Programs to Fit Your Needs,* 2006)

relevant community organizations, and the collection of race and ethnicity data according to Office of Management and Budget guidelines. Network participation provided the forum for the hospitals to learn about EBPs, set priorities for addressing disparities in their communities, and support NCI's research mission.

To build on the hospitals' existing activities to reach underserved individuals in their communities, the NCCCP required strategies focused specifically on cancer across the program pillars and across the care continuum. With a significant shift in their approach and levels of resource support, the NCCCP sites worked to establish a cross-cutting infrastructure to address disparities, expanded outreach and screening activities, increased navigation and outreach staff, and launched targeted EBPs (e.g., a breast cancer screening program for Hispanic women) that engaged their communities.

Education

The sites were exposed to best practices from their network peers, educational resources and programs from NCI advisors and other NCI-sponsored programs (e.g., the Center to Reduce Cancer Health Disparities, CNPs), and presentations from external experts on EBPs. Network-wide webinars and NCCCP annual meeting sessions focused on education surrounding EBPs and sharing resources such as NCI's *Using What Works*. The NCCCP sites explored initiatives to apply community-based participatory research methods as a means to promote more effective collaboration with active participation from community members and community groups. Several NCCCP sites took advantage of formal and informal partnerships with CNP organizations and began to participate in evidence-based initiatives (e.g., *Body & Soul*, a research-tested intervention program to promote healthy food choices) and utilize EBPs in their disparities efforts.

Capacity building for targeted disparities initiatives	Education on evidence-based practices	Adopting evidence-based practices

Adoption of Evidence-based Practices

At the August 2012 NCCCP Annual Meeting, each site committed to implementing at least one evidence-based, disparities-focused project for any one of the program pillars. By March 2013, all 21 sites had launched a diverse range of EBPs that integrate the program's disparities goals across program pillars (i.e., 16 initiatives focus on Quality of Care, 2 on Clinical Trials, 1 is on Survivorship, and 2 on Biospecimens). A few examples reported by the sites include:

- **Cancer 101** — Billings Clinic implemented this cancer education curriculum with seven modules to provide culturally appropriate information about prevention, detection, treatment, and clinical trials to American Indian tribal community members in Montana and the surrounding area. The goal is to improve knowledge and attitudes about cancer, improve cancer control and survival rates, and ultimately increase cancer screenings. Using pre- and post-test scores, Billings can assess cancer knowledge gained and retained from the program based on metrics.

- **Cultivando La Salud Huerka** — Christiana Care uses trained promotoras to encourage Hispanic women in a Delaware county to be screened for breast, cervical, and colon cancer. Christiana provides promotoras with education and training, assistance with one-on-one activities, and partners with healthcare providers for two Federally-qualified health centers to increase screenings. Through this practice, Christiana tracks the number of women referred, screenings by cancer type, women enrolled in the state's *Screening for Life* program, and women referred to Delaware's *Community Healthcare Access Program*.

- **Clinical Trials Education and Awareness** — The Queen's Medical Center in Honolulu is working to increase clinical trial accrual among underrepresented populations in Hawaii (i.e., Native Hawaiians, Filipino, Japanese, Chinese, and Pacific Islanders) through the Clinical Trials Education and Awareness program targeted to medical providers and their staff. Based on an evidence-based training curriculum, the program provides tailored presentations and educational materials to promote cancer clinical trials and educate medical professionals about their influence on patients' decisions to enroll in trials. Pre- and post-tests help measure staff/providers' confidence levels in discussing clinical trials with patients diagnosed with cancer, and three-month post-presentation follow-up calls assess whether the providers are engaging in discussions about cancer clinical trials with their patients. Clinic records are reviewed to track the frequency of physician referrals and number of patients who report that their provider mentioned a clinical trial.

With the implementation of these evidence-based programs, NCCCP sites have demonstrated that they understand the value of advancing efforts to address cancer healthcare disparities and that they are committed to using effective strategies to reach, educate, and improve outcomes for diverse racial, ethnic, and underserved populations. As these efforts have matured and research collaborations have increased, the NCCCP sites are able to better document their services, use data derived from EBPs to meet the health needs of their communities, and contribute to cancer disparities research.

Clinical Trials

Leveraging Program-developed Tools to Inform Community Practices

With a goal to expand access to clinical research in the community setting, the NCCCP required standardized data reporting methods and established common working practices among the network of diverse community cancer centers. The hospitals have been using data-tracking logs and matrices developed by the NCCCP to help monitor progress and assess barriers to clinical trial participation, with a focus on increasing accrual rates for populations typically underrepresented (e.g., racial and ethnic minorities, elderly) in cancer trials. Lessons learned through sharing best practices among network sites, modifying tools based on program needs, and strategically addressing barriers related to trial enrollment have contributed to the hospitals' ability to report progress on enhancing research infrastructures, and capturing screening efforts for patients considering clinical trials.

The NCCCP Clinical Trials Best Practice Matrix

The NCCCP hospitals used the network-developed Clinical Trials Best Practices Matrix to assess their local clinical trials infrastructure. Established by the Infrastructure Working Group, the matrix was derived from a publication that outlined seven exemplary attributes for strong clinical trials program development.[2] NCCCP hospitals completed two rounds of infrastructure self-assessments in 2011 and 2012, using the matrix as a benchmarking tool to create a roadmap for improving the quality of clinical research performed at their locations. The tool is now being revised and expanded for use in the broader community, beyond NCCCP. A formative evaluation through cognitive interviews and stakeholder feedback is underway, helping to shape the tool and improve its relevance and utility in the community. Building on the NCCCP's initial work, the Clinical Trials Best Practice Matrix will be leveraged for future NCI community programs.
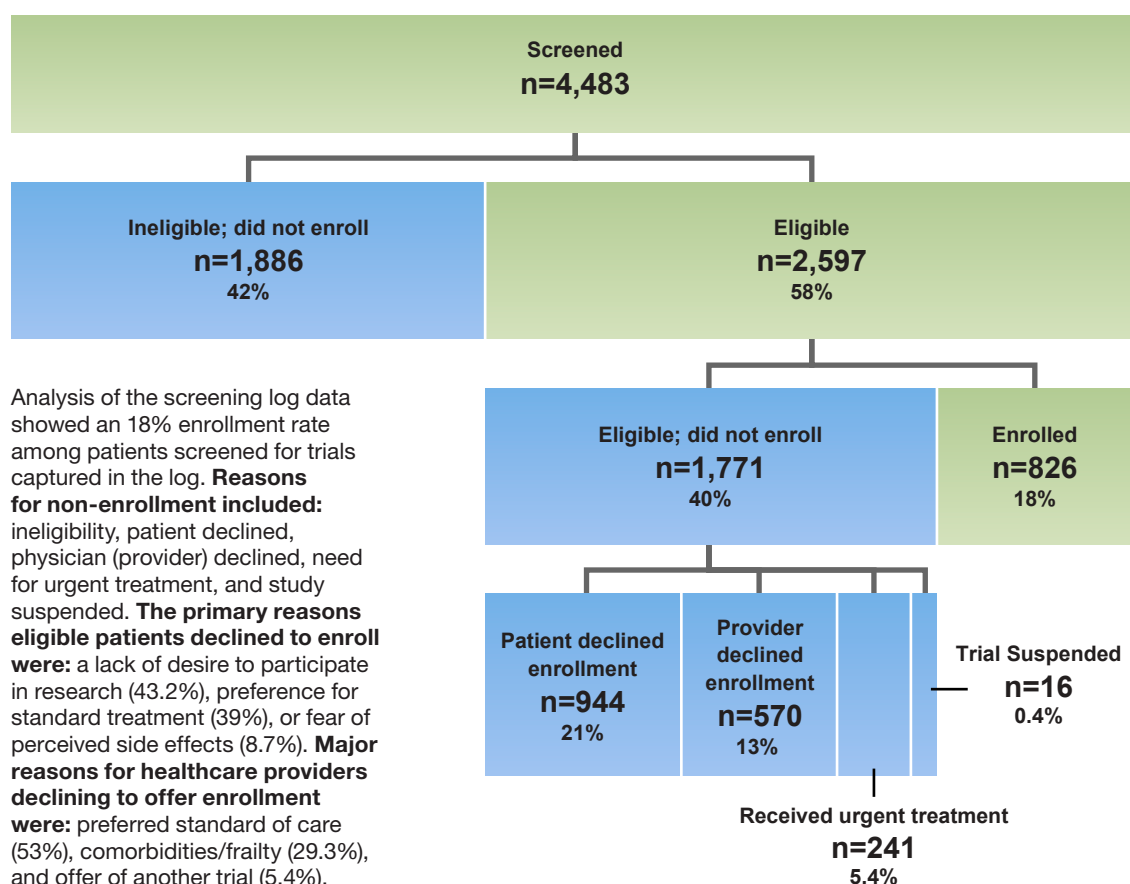
Clinical Trials Subcommittee Efforts

The following represents a culmination of projects initiated early in the program by three Clinical Trials Subcommittee working groups, made up of NCCCP site staff with oversight from NCI program advisors. These groups saw significant accomplishments during the past year as efforts matured over the course of the program.

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[2] Zon, R., Meropol, N.J., Catalano, R.B., Schilsky, R.L., *American Society of Clinical Oncology Statement on Minimum Standards and Exemplary Attributes of Clinical Trial Studies*, Journal of Clinical Oncology, 2008

Clinical Trials Screening and Accrual Log. The NCCCP Clinical Trials Screening and Accrual Log was officially launched in 2009 as an online data collection tool to track trial-specific screening and accrual data and document enrollment barriers, thereby providing network hospitals with a way to monitor progress and identify strategies to improve recruitment. Over the course of the program, the tool was modified to improve functionality and to allow sites to review data in real-time — enhancing the log's utility and providing a method to screen patients for selected NCI treatment and cancer control and prevention trials (primarily phase 3). Once a significant number of records were entered in the log to enable an informative analysis, the outcomes of nearly 4,500 screened patients were reviewed (see Figure 3). The working group is compiling lessons learned from the log data analysis and site input on utility to help plan for use of a similar tool in future NCI community programs. Two manuscripts on analysis of the log data were submitted for peer review in late summer 2013.

Figure 3. Summary of the screening outcomes of patients entered into the NCCCP Clinical Trials Screening and Accrual Log

Analysis of the screening log data showed an 18% enrollment rate among patients screened for trials captured in the log. **Reasons for non-enrollment included:** ineligibility, patient declined, physician (provider) declined, need for urgent treatment, and study suspended. **The primary reasons eligible patients declined to enroll were:** a lack of desire to participate in research (43.2%), preference for standard treatment (39%), or fear of perceived side effects (8.7%). **Major reasons for healthcare providers declining to offer enrollment were:** preferred standard of care (53%), comorbidities/frailty (29.3%), and offer of another trial (5.4%).

Early-Phase Clinical Trials. To help NCCCP hospitals expand research efforts to support the conduct of early-phase (i.e., phase 1 and 2) cancer clinical trials, the Early Phase Clinical Trials Working Group completed a baseline assessment of the infrastructure characteristics associated with the NCCCP hospitals that are successfully accruing patients to early-phase trials. In addition, the program continued to encourage NCCCP hospitals to expand collaborations with the NCI-designated cancer centers, academia, and industry to engage in early-phase trial activation at their sites. The *Journal of Oncology Practice* published a paper in December 2012 that describes the working group's efforts (see Figure 4, page 12).

Underserved Accrual. Over the past year, the Underserved Accrual Working Group narrowed its focus from three areas (i.e., physician and community outreach related to clinical trials, translation issues, and clinical trials research team coordination with patient navigators) to concentrate on clinical trials-navigation collaboration metrics and data. This working group connected with the NCCCP Navigation Networking Working Group for education and collaboration in this area. Using the NCCCP's Quarterly Report mechanism, all 21 sites submit data for ongoing, active analysis. The reports help to create uniformity and accountability by improving awareness and tracking changes over time. Based on the maturation of data and working group efforts, several manuscripts are in the initial planning phase. The papers intend to share information with the broader cancer care and research community by publishing:

- A summary of the wide range of efforts and lessons learned during NCCCP's process to create a culture of clinical trials in the community setting, focusing on strategies for accrual, particularly for underrepresented populations;

- A description of the NCCCP Clinical Trials Navigation Project and associated experiences/lessons learned from the group of participating sites; and

- A description of network strategies to address accrual rates[3] for underrepresented populations focused on clinical trial - navigation collaborations, data collection methods, and assessment metrics that may inform future cancer research studies.

Quality of Care

Expanding Multidisciplinary Care and Continuing Collaborations for Research and Quality

A major objective of the NCCCP is to improve the quality of cancer care delivered to patients at the network's hospital-based community cancer centers. From the outset of the program, the NCCCP has consistently focused on the expansion of multidisciplinary care models and participation in national quality reporting initiatives to advance this goal. In early 2012, each NCCCP site committed to assessing their multidisciplinary care conferences/clinics (MDC) to develop performance improvement plans for sustaining or expanding existing multi-modality treatment practices — most sites worked to add at least one new, cancer-type specific MDC conference/clinic. Additionally, continued network participation in the American College of Surgeons Commission on Cancer (CoC) Rapid Quality Reporting System (RQRS) and American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI®) is helping NCCCP sites achieve program quality of care goals.

Maturing MDC Conferences/Clinics

The multidisciplinary approach to cancer care involves a team structure with several medical disciplines collaborating to prospectively coordinate patient care; the NCI has a long history of supporting the development and diffusion of MDC models.[4] As a cornerstone of the NCCCP Quality of Care Subcommittee, multidisciplinary care has been the focus of several network-level activities to help sites develop and assess their MDC structures and level of treatment team integration — contributing to the evolution and maturation of MDC committees and clinics at the participating hospitals. Accomplishments include:

- More than 180 MDCs are operational across the 21 sites, including several for hematologic, melanoma, gynecological/ovarian, thyroid and rectal cancers.

- A cohort of 14 sites used the NCCCP-developed MDC Assessment Tool on three occasions between 2010 and 2012 to assess MDC maturity levels and set improvement goals. The tool ranks nine elements relevant to MDC structure and operations on a

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[3] Accrual rate = the number of enrolled patients over the number screened per hospital.
[4] Fennell, M.L., Prabhu Das, I., Clauser, S., Petrelli, N., Salner, A., *The Organization of Multidisciplinary Care Teams: Modeling Internal and External Influences on Cancer Care Quality,* J Natl Cancer Inst Monogr 2010;40:72–80

scale of 1 to 5 (level 1 = retrospective case review and qualifies as a tumor board or cancer conference, level 5 = highly integrated MDC) for lung, breast, and colorectal cancers. Analysis found MDC improvement was most evident in the following areas: prospective case planning, physician engagement, treatment team integration, patient evaluation for clinical trial participation, and quality improvement. These gains may be attributed to greater integration of primary care providers and patient navigators in MDCs, better defined conditions of participation by participating physicians, increased site participation in quality improvement initiatives, and an NCCCP project aimed at increasing referrals to genetic counseling for patients with breast and colon cancer.

- The NCCCP Quality of Care Subcommittee co-chair from Lehigh Valley Health Network delivered a podium presentation at the ASCO Quality Care Symposium in December 2012 describing the NCCCP's experience with MDCs.

Research Collaborations within the Network

Collaborations with the CoC provide the network with opportunities to participate in research studies related to MDC and the piloting of new registry-based platforms for collecting patient-reported outcomes. RQRS data has been a significant component for identifying cases and evaluating outcomes for the network's research projects:

- Seventeen NCCCP sites collaborated with the American Cancer Society (ACS) and the CoC on the Patient Reported Outcomes Symptom and Side Effects Study (PROSSES) that piloted a cost-effective method for collecting patient-reported data on cancer symptoms and investigating disparities in the burden of patients' symptoms and how they are managed. The NCCCP sites met the study's accrual goal and efficiently recruited more than 2,500 breast and colon cancer patients with an overall survey response rate of nearly 60 percent. ACS expects to begin data analysis in fall 2013 and intends to disseminate findings in the future.

- Since 2010, 14 NCCCP sites have participated in a study designed to examine the relationship between MDC and selected processes and outcomes, primarily using patient data collected from the sites in addition to cancer registry data from RQRS. The study closed in December 2012 with more than 1,000 cases accrued. Through collaboration with a core research team from the University of Maryland, data analysis is underway with plans to present preliminary findings at the Association of Community Cancer Centers' national conference in October 2013.

National Quality Reporting Initiatives

Participation in national quality reporting initiatives such as RQRS and QOPI continues to be a focus for the Quality of Care Subcommittee. As of spring 2013, 19 NCCCP hospitals with 29 affiliated practices are participating in ASCO's QOPI program — an oncology practice-based data sharing initiative to help improve cancer care through self-measurement, feedback and improvement tools. Ten of the affiliated practices have achieved QOPI certification. Additionally, after ASCO and the Oncology Nursing Society published standards for oral chemotherapy administration in February 2013, several NCCCP-affiliated practices voluntarily began to participate in QOPI's oral chemotherapy test measures for each data collection round and the network sites have given presentations to the Quality of Care Subcommittee related to this topic. ASCO quality staff presented an educational webinar to the NCCCP hospitals and continue to collaborate with the network to identify barriers to implementation of the standards.

RQRS became available to CoC-accredited cancer programs nationwide in 2011 and nearly all NCCCP sites have either begun to utilize or are working toward implementation of this reporting system to promote evidenced-based cancer care at local levels. RQRS tracks patients in real clinical time, provides follow-up care prompts, and shares performance rates and comparisons on quality measures with participating programs — a feedback mechanism that helps cancer

centers monitor quality and adherence to cancer care standards. The NCCCP network — with required program deliverables to work toward implementation of RQRS reporting and a Quality of Care Subcommittee focused on movement in this direction — is making significant progress in its goal to improve cancer care at community hospitals.

Survivorship and Palliative Care

Implementing Research Findings in the Clinical Setting

During the past year, NCCCP sites continued to expand cancer survivorship and palliative care services and addressed implementation of cancer program standards that will be assessed by the CoC in 2015. Of significant note, the sites have been exploring and incorporating early palliative care (PC) consultation protocols related to high lethality cancers (e.g., pancreatic, metastatic lung) based on research findings that suggest early palliative care for patients with metastatic non-small-cell lung cancer improves both quality and length of life.[5] Twelve of the sites report that protocols are in place for early PC intervention for one or more high lethality cancers. Additionally, the sites are including research evaluations, approved by their local institutional review boards, to examine patient and quality outcomes.

Later this year, sites will use the NCCCP Cancer Palliative Care Assessment Tool to assess their progress with integrating PC services into their cancer programs and providing early consultation for patients diagnosed with selected high-lethality cancer types. Examples of PC initiatives at the NCCCP hospitals include:

- Gundersen Lutheran in La Crosse, Wisconsin received national recognition for its evidence-based program *Respecting Choices*, a disease specific, patient-centered approach to advance care planning.

- Mercy Medical Center of Des Moines has three distinct programs that support PC services that are fully incorporated across the cancer center. Additionally, PC program staff conduct educational sessions for clinical staff at rural hospitals and regional nursing homes, and serve in leadership positions to provide education support for the state's Hospice and Palliative Care Association.

Partnering for Research

Through network involvement, 14 NCCCP hospitals collaborated with an NCI-supported investigator to serve as recruitment sites for a research study to survey oncology providers about their attitudes toward providing survivorship care plans to cancer patients. Access to the NCCCP's research platform allowed the Memorial Sloan-Kettering Cancer Center investigator to obtain data from a geographically diverse sample of community-based care providers and helped to achieve an impressive survey response rate of over 70 percent.[6] Study results have been submitted for publication; several NCCCP principal investigators are co-authors on the manuscript.

Implementing Psychosocial Care for Cancer Patients: Sharing Best Practices

All NCCCP sites are working to improve psychosocial care initiatives and are using the NCCCP Psychosocial Care Assessment Tool Modeled for Whole-Person Care to assess their programs, drive planning priorities, and improve the percentage of patients screened for psychosocial distress using standardized tools. Through the network, sites have shared both successes and challenges and have adopted an informal mentoring program by pairing participating hospitals with evolving programs with those having established programs to help improve and/or expand psychosocial care initiatives. Examples of these efforts include:

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[5] Temel J.S., Greer J.A., Muzikansky A., et al. *Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer,* The New England Journal of Medicine (2010)
[6] NCCCP Progress Report 2012, http://ncccp.cancer.gov/files/2012_Prog_Report_508compR1_20130227.pdf

- As part of their goal to implement distress screening, Hartford Hospital in Connecticut developed and is piloting an electronic distress screening instrument. Hartford chose an electronic format to provide real-time feedback to providers that they can discuss with patients. This allows the ability to detect and monitor patient distress levels over time, as well as follow up on response to patient referrals and interventions.

- Christiana Care in Delaware uses a patient-centered, relationship-driven approach to survivorship care and is expanding psychosocial services through surveys of patient symptoms and concerns, as well as ongoing evaluation of literature findings. Based on their findings, Christiana focuses on individualized interventions within the context of the provider/survivor relationship, addressing survivor concerns and providing education and screening.

Treatment Summaries and Survivorship Care Plans

The Treatment Summary Working Group collaborated with the Information Technology (IT) and Quality of Care Subcommittees to advance network sites' efforts to provide patients with treatment summaries and incorporate survivorship care plans into the model of care for at least one cancer disease type (e.g., breast, colon). The chair of the Quality of Care Subcommittee joined the Survivorship and Palliative Care Subcommittee to discuss ways to improve QOPI scores related to this activity and obstacles to implementation of treatment summaries. Lessons learned from NCCCP participation are also shared with other cancer centers. For example, Catholic Health Initiatives (CHI) is using NCCCP best practices across the CHI oncology service line so that all CHI system hospitals are using this information to work toward their goals. Read more about ways the NCCCP sites are working to provide patients with treatment summaries and survivorship care plans in the IT section of this report.

Information Technology

Integrating Information Technology across Program Pillars

Given the important role of IT in supporting all NCCCP activities, the IT Subcommittee became a cross-cutting pillar in 2012 rather than a stand-alone pillar with its own IT projects. Through this integration, the various NCCCP subcommittee co-chairs and principal investigators work directly with IT leads and NCI technical advisors to address key data sharing and system support needs across all pillars. The IT Subcommittee developed both short- and long-term strategies to support technology expansion initiatives, including:

- **Collaborate with vendors to incorporate NCCCP data requirements.** All NCCCP sites worked with IT vendors to conform definitions and add fields that enable sites to uniformly capture program-required data, such as patient race and ethnicity data according to OMB guidelines. Several sites worked with electronic health record (EHR) vendors to develop oncology modules for their products. Through this collaboration, input from the NCCCP sites influenced product development decisions and contributed to the addition of patient navigator tools and treatment summaries, creating modules that will serve the vendors' entire oncology customer base.

- **Improve data capture to identify healthcare disparities.** To improve community outreach, several sites targeting rural populations for their disparities efforts enabled Rural-Urban Community Area (RUCA) code algorithms to help identify rural populations. Additionally, IT support enabled sites to electronically match patient age and health insurance status, creating a mechanism to improve outreach services to elderly and under- or uninsured patients. Most sites have enlisted their NCCCP IT representatives to assist in identifying patients who require post-treatment surveillance and monitoring as part of survivorship care.

- **Support electronic capture and dissemination of treatment summaries and survivorship care plans.** All sites have in place or are soon to deploy either electronic or paper-based patient treatment summaries and care plans. In addition, a portion of cancer patients at all sites receive survivorship care plans, yet many sites still struggle to find efficient electronic solutions, slowing progress toward the goal of providing both survivorship care plans and treatment summaries to all cancer patients. To advance this effort, the sites continue to work with IT vendors and share their best practices and success stories among the network. For example, Lehigh Valley Health Network in Pennsylvania presented to the Survivorship and Palliative Care Subcommittee a template they developed with an electronic medical records (EMR) vendor that populates from treatment summaries into their survivorship care plans—allowing sites that use the same EMR system to explore a similar solution and enhance electronic data exchange with providers.

Through extensive collaboration within the network, dedicated leadership support, and mutual vendor collaboration, sites have been able to more rapidly improve targeted technology expansion to better support providers and patients at the NCCCP sites.

Biospecimens

Promoting Biospecimen Collection Efforts

The limited availability of standardized, high-quality biospecimens is recognized as a barrier to progress in cancer research. A goal of the NCCCP has been to enhance the sites' ability to collect, process and store biospecimens from a diverse cohort of patients to contribute to NCI's research mission and advance the understanding of cancer at a molecular level. The *NCI Best Practices for Biospecimen Resources* defines state-of-the-art practices, promotes specimen and data quality, and supports adherence to ethical and legal requirements in this area. Over the past year, NCCCP sites continued to work toward implementation of these guidelines with 2 sites reporting full compliance and 13 sites reporting considerable progress.

The sites are increasingly recognized by external organizations as valuable research partners for their ability to contribute high-quality biospecimens to research studies. With the scientific community's increased focus on cancer genomics and molecular medicine to advance cancer treatment options, programs such as NCI's TCGA and research studies at organizations such as Moffitt Total Cancer Center™ in Florida are able to improve molecular research as the pool of specimens and clinical data increases. Examples of biospecimen initiatives reported by the NCCCP sites include:

- Ten sites have formal agreements to participate in TCGA;

- Several sites have established local biospecimen banks and an increased number of sites are leveraging regional biobanking services;

- Sixteen sites use standard operating procedures for the culturally- and religiously-sensitive disposal of biospecimens, especially among American Indian/Native American communities; and

- Twenty sites record formalin fixation time in pathology reports and 11 sites document cold ischemia time for breast cancer specimens in pathology reports. Though most pathologists manually calculate these times, the NCCCP Biospecimen Subcommittee is collaborating with the College of American Pathologists (CAP) and other professional organizations to add this requirement to national certification requirements. Sites are also working with vendors to add fields and build algorithms to improve documentation methods to enable addition of system-generated times to all pathology reports when specimens are collected.

Throughout the year, expert speakers brought timely topics to the network to bring the latest science and best practices on biospecimen collection to community providers. The Biospecimen Subcommittee continues to support the network as progress continues toward more sites implementing *NCI Best Practices* and enhancing cancer research initiatives.

Communications

Communicating the Value of Research-based Cancer Care

Communications representatives at each NCCCP site continued to support their cancer center's NCCCP pillar activities by promoting cancer screening events to help reduce healthcare disparities, educating patients about clinical trials, and reaching out to local physicians to encourage patient referrals.

As a group, the Communications Subcommittee focused on a challenge that emerged from the 2012 NCCCP Annual Meeting: to shift NCCCP messages away from pillar-related attributes to a broader theme of "NCI in Your Community," espousing the value of research-based cancer care and the sites' affiliation with NCI and the National Institutes of Health. The subcommittee responded by modifying language to this effect on their websites, updating network-wide talking points and materials, and publishing articles in local news media — all with the goal of equating a cancer center that conducts or supports cancer research with quality cancer care in the minds of patients, hospital staffs, and local healthcare providers. In fall 2012, the Communications Subcommittee drafted and shared with the network a white paper highlighting lessons learned in communicating the community message, as well as support for the NCCCP program goals. Examples of communications support include:

- The communications team at Mary Bird Perkins - Our Lady of the Lake Cancer Center in Baton Rouge uses the Template for Community Outreach developed by the Disparities Subcommittee to increase attendance and cancer screenings at its flagship *Fest for Life* minority cancer awareness event.

- CHI's Nebraska sites, which include Good Samaritan Hospital in Kearney, Saint Francis Cancer Treatment Center in Grand Island, and Saint Elizabeth Cancer Institute in Lincoln, created an interactive website that enables patients for the first time to search for clinical trials by trial name, tumor site, hospital name and disease stage.

- St. Joseph Health in Orange, California produced a video featuring its NCCCP principal investigators describing their team approach to coordinated cancer care, access to clinical trials, nurse navigators and physicians who are connected nationally — all results of a program that has matured to impact the health of the community served by the hospital.

Conclusion

Many activities initiated in the early years of the program led to research partnerships and community connections that are improving the delivery of cancer care and benefitting patients. Through collaborations among the network sites, strengthened partnerships with NCI-sponsored research programs, and relationships with national cancer organizations, the NCCCP hospitals have expanded their ability to conduct a broad range of research initiatives, provided patients with greater access to research opportunities, and demonstrated their commitment to improving the quality of care delivered to cancer patients. This report not only reflects the work of the NCCCP sites and the NCI over the past year, it also represents a culmination of activities since the NCCCP launched as a pilot program in 2007, many of which were made possible through collaborations... showing that "the whole is greater than the sum of the parts."

Sharing Lessons Learned through Publications

NCCCP colleagues continue to publish articles and present findings at national conferences. A list of NCCCP-related publications can be found at http://ncccp.cancer.gov/news-publications/index.htm. A table of peer-reviewed articles, published over the past year, is included below.

Figure 4. Recent Publications

Title	Authors	Journal
The Role of a Public-Private Partnership: Translating Science to Improve Cancer Care in the Community	D.M. O'Brien and A.D. Kaluzny	Journal of Healthcare Management (in press)
Improving Quality of Cancer Care at Community Hospitals: Impact of the NCCCP Pilot	M. Halpern, P. Spain, D. Holden, A. Stewart, E. McNamara, G. Gay, I. Prabhu Das, and S. Clauser	Journal of Oncology Practice August 2013
Mobile Mammography in Underserved Populations: Analysis of Outcomes of 3,923 Women	S.E. Brooks, T.M. Hembree, B.J. Shelton, S.C. Beache, G. Aschbacher, P.H. Schervish, and M.B. Dignan	Journal of Community Health May 2013
The Cancer Psychosocial Care Matrix: A Community-derived Evaluative Tool for Designing Quality Psycho-social Cancer Care Delivery	L.P. Forsythe, J.H. Rowland, L. Padgett, K. Blaseg, S.D. Siegel, C.M. Dingman, and T. A. Gillis	Psycho-Oncology February 2013
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Developing Partnerships and Recruiting Dyads for a Prostate Cancer Informed Decision Making Program: Lessons Learned from a Community-Academic-Clinical Team	D.B. Friedman, K.M. Johnson, O.L. Owens, T.L. Thomas, D.S. Dawkins, L. Gansauer, S. Bartlett, N.M. Waddell, P.J. Talley, J.D. Bearden, and J.R. Hébert	Journal of Cancer Education June 2012

A Look Ahead

Over the coming year, NCCCP sites will continue to address program goals to enhance access, improve quality, and expand research in the community setting. Though the program is scheduled to end in June 2014, the NCI Board of Scientific Advisors recently approved creation of a new community oncology program that will replace the Institute's existing community-based programs. The NCI Community Oncology Research Program (NCORP) will integrate elements from the NCCCP with the Community Clinical Oncology Program (CCOP), including its Minority-Based CCOPs, expanding on the strengths and successes of both networks and creating a new network for cancer care delivery research.